



Louisiana Board of Pharmacy

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OFFICIAL APPLICATION FOR AN AUTOMATED MEDICATION SYSTEM (AMS) REGISTRATION

Application shall be submitted to the board office no later than 30 days prior to installation of the system. (LAC 46:LIII§1203.5.) Registration shall expire on June 30 each year. (LAC 46:LIII§1203.4.)

FEES:

- Fee - if facility address differs from the pharmacy address include \$150.00 (LAC 46:LIII:1203.2).
- Fee - if facility address is the same as the pharmacy address no fee is required (LAC 46:LIII:1203.3).
- If a fee is required make check/money order payable to **LA Board of Pharmacy**.

FOR BOARD OFFICE USE ONLY

Ck# _____ Amt _____

Rec'd _____ C.O. _____

Permit# _____ Issued: _____

FALSIFICATION OF ANY PORTION OF THIS APPLICATION IS A VIOLATION OF LA R.S. 37:1241.A.(2) AND MAY RESULT IN FORFEITURE OF THIS APPLICATION OR REVOCATION OF LICENSE and/or PERMIT.

SECTION 1 – Reason for Application (SELECT ONE)

<input type="checkbox"/> Registration of New System	<input type="checkbox"/> Relocation of Existing System	<input type="checkbox"/> Ownership Transfer of Existing System
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SECTION 2 – Provider Pharmacy Information (Enter information as it appears on the pharmacy permit)

Pharmacy Name:		LA Board of Pharmacy Permit Number:	
Pharmacy Address:			
City:	State:	Zip:	
Pharmacy Telephone Number (including area code):			
Pharmacist-in-Charge (PIC – signature required below):		PIC LA License Number:	

SECTION 3 – Facility where AMS is Located (Attach copy of DHH permit if not licensed by LA Board of Pharmacy)

Facility Name:		Louisiana Dept Health Hospitals (DHH) Permit Number:	
Physical Address:			
City:	State:	Zip:	
Name of Administrator (signature required below):		Facility Telephone Number (including area code):	
Enter AMS permit number (if relocation or ownership transfer selected in Section 1):			

SECTION 4 – Equipment Information

Type of Equipment/System:	Model:
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(Original Signature of Provider Pharmacy PIC)
LAC 46:LIII§1203.5.

(Original Signature of Facility Administrator)
LAC 46:LIII§1203.5.